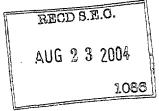
FORM D

BEST AVAILABLE COPY 1301276

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C 20549

## FORM D





NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix	Serial 						
DATE RE	CEIVED						

	this is an amendment and name has changed, and indicate chang Mercury Special Situations Offshore Fund, Ltd.								
Filing Under (Check box(es) that	apply): 🗆 Rule 504 🗖 Rule 505 🗷 Rule 506 🗇 Sect	ion 4(6) U UEOETE (FIVED CO							
Type of Filing: New Filing	1 Amendment	Jan							
	A. BASIC IDENTIFICATION DA	TA / AUG 23 2004 >							
1. Enter the information requested	d about the issuer								
Name of Issuer (☐ check if th Mercury Special Situations Offs	is is an amendment and name has changed, and indicate change. shore Fund, Ltd	) (6)							
Address of Executive Offices (Nu	mber and Street, City, State, Zip Code)	Telephone Number (Including Area Code)							
c/o Bison Financial Services Li	I (284) 494-5239								
Address of Principal Business Op	Telephone Number (Including Area Code)								
(if different from Executive Office	es)	PROCESSEL							
Brief Description of Business		_							
Private Investment Company		AUG 2 5 2004							
Type of Business Organization		THOMSUN							
corporation	☐ limited partnership, already formed ☐								
☐ business trust	☐ limited partnership, to be formed internation	other (please specify):  nal business company formed under laws of BVI							
Actual or Estimated Date of Incorporation or C	F	/ear  4							
	CN for Canada; FN for other foreign jurisdiction)								
	CN for Canada, FN for other foreign jurisdiction)								

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consittues a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-99) 1 of 8

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

tare									
<ul> <li>Each general and man</li> </ul>	nagin	g partner of p	oartne	ership issuers.					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Ø	Director	☐General and/or Managing Partner
Full Name (Last name first, i Jarvis, David R.	f indi	vidual)							
Business or Residence Addre 100 Field Point Road, Green					le)				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐General and/or Managing Partner
Full Name (Last name first, i MacLean, Malcolm F., IV	f indi	vidual)							
Business or Residence Addre 100 Field Point Road, Greenv					e)				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	☐General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)							
Business or Residence Addre	ss (Ni	umber and St	treet,	City, State, Zip Coo	e)				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer of General Partner		Director	General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)							
Business or Residence Addre	ss (Ni	umber and St	treet,	City, State, Zip Cod	e)			- · · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	☐General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)							
Business or Residence Addre	ss (N	ımber and St	reet,	City, State, Zip Cod	e)			· <u>=</u>	
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	☐General and/or Managing Partner
Full Name (Last name first, is	findi	vidual)							
Business or Residence Addre	ss (Ni	ımber and St	reet,	City, State, Zip Cod	e)				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	☐General and/or Managing Partner
Full Name (Last name first, i	findi	vidual)							
Business or Residence Addre	ss (Ni	ımber and St	reet,	City, State, Zip Cod	e)	-			

B. INFORMATION ABOUT OFFERING		<del> </del>			
	Yes	No			
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?		No ⊠			
Answer also in Appendix, Column 2, if filing under ULOE.					
2. What is the minimum investment that will be accepted from any individual?					
3. Does the offering permit joint ownership of a single unit?					
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.					
Full Name (Last name first, if individual) Tosbath, Hrant B.					
Business or Residence Address (Number and Street, City, State, Zip Code) 110 East 31st Street, New York, NY 10016					
Name of Associated Broker or Dealer SFG Securities, Inc					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States)					
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]					
[RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR]  Full Name (Last name first, if individual)					
Byron, Robert G.					
Business or Residence Address (Number and Street, City, State, Zip Code)  1 N. Franklin Street, Suite 450, Chicago, IL 60606					
Name of Associated Broker or Dealer Blue Vista Capital Partners, LLC					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)					
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]					
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]					
[RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR]					
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  Check "All States" or check individual States)					
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]					
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]					
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]					

(Use blank sheet, or copy and use additional coopies of this sheet, as necessary)
\*minimum investment, subject to waiver by Issuer 3 of 8

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the column below the amounts of the securities offered for evaluation and already evaluated.		
fered for exchange and already exchanged.  Type of Security	Aggregate	Amount Already
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Offering Price	
Debt	s0	_ \$0
Equity	\$ 500,000,000	<u>\$ 703,000</u>
☑ Common ☐ Preferred		
Convertible Securities (including warrants)	\$0	s0
Partnership Interests	\$0	s0
Other (Specify)	\$0	s0
Total	\$_500,000,000*	\$ <u>703,000</u>
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	6	§ 703,000
Non-accredited Investors.	0	\$ 0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		_ \$
Rule 504		
Total		\$
Transfer Agent's Fees		\$0
Printing and Engraving Costs	🛛	\$ <u>1,000</u>
Legal Fees	🛮	\$ 20,000
Accounting Fees	🗖	\$0
Engineering Fees	🗖	\$0
Sales Commissions (Specify finder's fees separately)		\$ 0
Other Expenses (identify) Filing fees		\$ 4,000
Total		\$ 25,000

<sup>4</sup> of 8

<u>C. U</u>	FFERING PRICE, NUMB	SER OF INVEST	ORS, EXPENS	SES A	$\frac{1NL}{2}$	<u>) USE</u>	UF	PR	OCEED	5		
b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."						\$ 499,975,000*						
used f an est must c	e below the amount of the adjusted grown each of the purposes shown. If the imate and check the box to the left capual the adjusted gross proceeds to b. above.	e amount for any purpo of the estimate. The tota	se is not known, fu al of the payments l	ımish listed								
						yments						
						Officers		_	_			
						ectors, ffiliate		Pa	yments To Others			
S	Salaries and fees			. 🗆	\$	0	_ 🗆	\$_	0			
I	Purchase of real estate			. 🗆	\$	0	🗆	\$	0			
i	Purchase, rental or leasing and install	ation of machinery and	equipment	. 🗀	\$	0	_ 🗆	\$_	0			
(	Construction or leasing of plant buil	dings and facilities		🗆	\$	0	_ 🗆	<b>\$</b>	0			
	Acquisition of other businesses (inclu-											
	offering that may be used in exchange oursuant to a merger				\$	0	_ 🗆	\$	0			
I	Repayment of indebtedness			. 🗆	\$	0	_ 🗆	\$	0			
'	Working capital			. 🗆	\$	0	_ 🛛	\$ <u>49</u>	9,965,000*	:		
(	Other (specify)				\$	0	_ 🗆	\$	0			
- ]	Registration costs			- 🗖	\$	0	_ 🛛	\$	10,000			
	Column Totals				\$	0	_ 🛭	\$ <u>49</u>	9,975,000*			
Total Payments Listed (column totals added)						<b>⊠</b> \$ <u>499,975,00</u> 0*						
		D. FEDERAL S	GNATURE									
ollowing	r has duly caused this notice to be sig signature constitutes an undertaking its staff, the information furnished by	by the issuer to furnish	to the U.S. Securit	ies and	Excl	nange C	Commi	ission	, upon writ			
ssuer (Pr	int or Type)	Signature	///		Date							
Mercury S	Special Situations Offshore Fund Ltd	113	/( le	A	Lugus	200	4					
Name of S	Signer (Print or Type)	Title of Signer (Print	or Type)									
Malcolm	F. MacLean, IV	Director			•••••							

### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)